



## Parking/Transportation Account Enrollment/Change Form

Employer Name: <b>City of Stockton</b>			
Last Name	First Name	M.I.	
Street Address		City	State      Zip Code
Home Phone #	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
Payroll Cycle: <input type="checkbox"/> Semi-Monthly Date of first payroll deduction: Month _____ Day _____ Year _____			

- ☐ **I elect** to participate in my Employer's Parking/Transportation Expense Reimbursement Plan and have my work-site parking/transportation expenses withdrawn from my paycheck on a pre-tax basis. I have entered my monthly election amount in the box provided below.

Account Type	Election Amount	Monthly Administration Fee
<b>Parking</b> (Maximum \$255 Monthly)	_____ Monthly	Health Flexible Spending Account Only = \$3.40/month  Dependent Care Flexible Spending Account Only = 3.40/month  Transportation Account Only = \$3.25/month
<b>Transportation</b> (Maximum \$130 Monthly)	_____ Monthly	Health <b>AND</b> Dependent Care Account = \$3.40/month  Health +/-or Dependent Care <b>AND</b> Transportation = \$6.65/month

**Minimum reimbursement amount for manual check and direct deposit is \$25**

**Please note:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the first of the month following date of receipt. Claims reimbursement will be made only for expenses incurred on or after the signature date.

### AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election. I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return all enrollment forms to the Human Resources Department**  
**22 E. Weber Avenue Suite 150, Stockton, CA 95202**  
**Phone: (209) 937-8233 Fax: (209) 937-5702**